RESPONSE UNDER 37 C.F.R. § 1.116 GROUP ART UNIT 2724

862.2213

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	<b>)</b>
	: Examiner: K.Y. Poon
TAKEYUKI NAGASHIMA	)
	: Group Art Unit: 2724
Application No.: 09/033,585	)
	<b>:</b>
Filed: March 3, 1998	)
	•
For: PRINTING SYSTEM, AND	)
PRINTING CONTROL METHOD	:
AND APPARATUS	) Date: November 29, 2000

Commissioner for Patents BOX AF Washington, D.C. 20231

## AMENDMENT AFTER FINAL ACTION

Sir:

A Notice Of Appeal And Petition For Extension Of Time, to extend the time for response to the Office Action dated April 13, 2000, was filed on October 13, 2000 in the above-identified application, thereby setting a term for filing a Brief to expire December 13, 2000. In response to that Office Action, the Examiner is requested to amend the application as follows:

Corres, and Mail

ROX Apocket No.

In re Application of:

TAKEYUKI NAGASHIMA

09/033,585Application No.:

Filed: March 3, 1998

For: PRINTING SYSTEM, AND PRINTING

CONTROL METHOD AND APPARATUS

COMMISSIONER FOR PATENTS Washington, D.C. 20231

Examiner: K.Y. Poon

Group Art Unit: 2724

Date: November 29, 2000

RECEIVED

DEC 0 4 2000

**Technology Center 2600** 

Sir:

Transmitted herewith is an Amendment in the above-identified application.

| X | No additional fee is required.

The fee has been calculated as shown below

			CLAIMS AS AM	ENDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 20	= 0	x \$ 9 \$18	\$0
INDEP. CLAIMS	* 7	MINUS	***	= 0	x \$40 \$80	\$0
Fee for Multiple Dependent claims \$135°/\$270				\$0		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$0		

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

$^{\circ}$ Verified	Statement	claiming	small	entity	status	is	enclosed,	if	not
filed pre	viously.								

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
x	Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for amonth extension is enclosed.
	A check in the amount of \$ to cover the Notice of Appeal fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant
	Registration No. 2936
	29, 24p

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

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